

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10 / 573494

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	C	C		1			51					
2								52					
3	C	C						53					
4								54					
5	C	C						55					
6								56					
7	C	C						57					
8								58					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			2										
TOTAL DEP.		2											
TOTAL CLAIMS		4											